STATE OF FLORIDA
REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

In the matter of:

Claimant/Appellant

R.A.A.C. Order No. 14-06636

vs.

Referee Decision No. 0023526340-03U

Employer/Appellee

ORDER OF REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

This case comes before the Commission for disposition of the claimant's appeal pursuant to Section 443.151(4)(c), Florida Statutes, of a referee's decision wherein the claimant was held disqualified from receipt of benefits.

Upon consideration, the Commission finds that the appeal of the referee's decision was timely filed. The Commission has jurisdiction to decide the case.

Pursuant to the appeal filed in this case, the Reemployment Assistance Appeals Commission has conducted a complete review of the evidentiary hearing record and decision of the appeals referee. *See* §443.151(4)(c), Fla. Stat. The Commission's review is generally limited to the evidence and issues before the referee and contained in the official record.

The referee's pertinent findings of fact state as follows:

> The claimant began her employment on May 24, 2004. At the time of separation, the claimant's title was financial specialist. At the time of hire, the claimant was made aware of the employer's policies and procedures to include [HIPAA]. The [HIPAA] policy included confidentiality of patients' financial information. The claimant was made aware of the [HIPAA] policy. The claimant was aware that violation of the policy would lead to immediate discharge. On February 12, 2014, the claimant was assisting a patient. The claimant realized that the patient was unable to pay his bill. The claimant shouted to her coworker on what to do since the patient was unable to pay the bill. Another patient was present and heard the question. The other patient told the coworker that they decided that the claimant's actions were a

> violation of [HIPAA]. The coworker informed the claimant that she was not sure what needed to be done. The claimant then went to the director to seek assistance on what to do about the patient who could not pay the bill. The patient who heard the claimant's question made a complaint to the employer about the claimant's behavior. On February 12, 2014, the claimant was discharged for violating [HIPAA] policy.

Based on these findings, the referee held the claimant was discharged for misconduct connected with work. Upon review of the record and the arguments on appeal, the Commission concludes the record was not sufficiently developed; consequently, the case must be remanded.

Section 443.036(30), Florida Statutes (2013), states that misconduct connected with work, "irrespective of whether the misconduct occurs at the workplace or during working hours, includes, but is not limited to, the following, which may not be construed in pari materia with each other":

> (a) Conduct demonstrating a conscious disregard of an employer's interests and found to be a deliberate violation or disregard of the reasonable standards of behavior which the employer expects of his or her employee. Such conduct may include, but is not limited to, willful damage to an employer's property that results in damage of more than $50; or theft of employer property or property of a customer or invitee of the employer.
>
> (b) Carelessness or negligence to a degree or recurrence that manifests culpability or wrongful intent, or shows an intentional and substantial disregard of the employer's interests or of the employee's duties and obligations to his or her employer.
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> (c) Chronic absenteeism or tardiness in deliberate violation of a known policy of the employer or one or more unapproved absences following a written reprimand or warning relating to more than one unapproved absence.
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> (d) A willful and deliberate violation of a standard or regulation of this state by an employee of an employer licensed or certified by this state, which violation would cause the employer to be sanctioned or have its license or certification suspended by this state.

> (e) 1. A violation of an employer's rule, unless the claimant can demonstrate that:
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> a. He or she did not know, and could not reasonably know, of the rule's requirements;
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> b. The rule is not lawful or not reasonably related to the job environment and performance; or
>
> c. The rule is not fairly or consistently enforced.
>
> 2. Such conduct may include, but is not limited to, committing criminal assault or battery on another employee, or on a customer or invitee of the employer; or committing abuse or neglect of a patient, resident, disabled person, elderly person, or child in her or his professional care.

The record in this case reflects the claimant was discharged for allegedly violating the employer's policy implementing the Privacy Rules promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The claimant was discharged as a result of an incident on February 12, 2014, when she shouted to her coworker asking whether the coworker knew what she should do with the patient she was assisting since he was unable to pay a deductible. The employer's Senior Human Resources Generalist and Patient Access Director testified that the claimant's actions constituted a violation of the employer's HIPAA policy, which required immediate discharge of the claimant. The employer, however, did not present copies of its policies for the hearing. Additionally, the claimant denied knowing that disclosure of a patient's *financial* information was covered by the employer's policy regarding patient privacy or HIPAA.

Unfortunately, most of the evidence in this case regarding the final incident circled the periphery of the key issues in this case: (1) was the claimant's action in loudly calling out a question regarding a patient's ability to pay, where she could be overheard by other patients, a violation of the employer's HIPAA policies; and if so, (2) how would the claimant have known this. Multiple witnesses for the employer testified as to the proper procedure the claimant should have used to get assistance in this case. Specifically, the testimony indicated that the claimant, after discussing the issue with the patient, should have sought out a financial counselor, or in her absence, gone to her supervisor or the Patient Access Director, for assistance. However, there is no indication that the claimant violated policy, or was terminated, merely because she discussed the issue with her coworker instead of going to a financial counselor. The testimony made clear that her inadvertent but indiscreet disclosure of a patient's payment problem to other patients was the decisive factor.

Likewise, there was substantial testimony about the training that was given to the claimant over time, such as emails, team huddles, computer training and testing, Net Learning, etc., but limited testimony about training the claimant received crucial to the relevant concerns in this case – the need to avoid inadvertent disclosure, and specific procedures to prevent that from happening. The only direct evidence of record included documents signed by the claimant on May 24, 2004, that addressed discreetness and confidentiality. These new employee orientation documents were too remote in time, *by themselves*, to establish proof of the claimant's knowledge of appropriate standards ten years later. The claimant's former supervisor testified that the claimant had previously engaged in similar conduct. However, instead of developing this testimony, the referee cut it off by asking in a yes or no manner whether the claimant violated HIPAA on those occasions. This resulted in a lack of record evidence as to the nature of any similar instances. The record was also not developed as to whether or not the claimant had been given training or counseling after those incidents which would have, or should have, placed the claimant on notice that her actions on February 12, 2014, were inappropriate.

The HIPAA Privacy Rule, codified in 45 C.F.R. §164.500 *et seq*., was promulgated to establish broadly applicable federal standards regarding use and disclosure of confidential information relating to delivery of, and payment for, medical services. As part of the administrative data standards regulations, the Privacy Rule uses the following definitions, among others:

> *Health information* means any information, including genetic information, whether oral or recorded in any form or medium, that:
> (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
> (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; *or the past, present, or future payment for the provision of health care to an individual*.
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> * * * * *
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> *Individually identifiable health information* is information that is a subset of health information, including demographic information collected from an individual, and:
> (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

> (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; *or the past, present, or future payment for the provision of health care to an individual*; and
> (i) *That identifies the individual*; or
> (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
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> * * * * *
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> *Protected health information* means individually identifiable health information:
> (1) Except as provided in paragraph (2) of this definition, that is:
> (i) Transmitted by electronic media;
> (ii) Maintained in electronic media; or
> (iii) *Transmitted or maintained in any other form or medium*.

45 C.F.R. §160.103 (excerpted, emphasis added). As these definitions show, information regarding an individual's ability to pay for medical services that also identifies the individual is protected health information ("PHI") subject to the Privacy Rule's limitations.

The Privacy Rule contains numerous provisions regarding when and how PHI may be legally used. A medical provider may use information for payment purposes in its operations:

> (c) *Implementation specifications: Treatment, payment, or health care operations.* (1) *A covered entity may use or disclose protected health information for its own treatment, payment, or health care operations.*
> (2) A covered entity may disclose protected health information for treatment activities of a health care provider.
> (3) *A covered entity may disclose protected health information to another covered entity or a health care provider for the payment activities of the entity that receives the information.*

45 C.F.R. §164.506 (emphasis added). When it does so, however, it must take steps to limit disclosure of the information to those persons having a need to know the information:

> (d)(1) *Standard: minimum necessary requirements.* In order to comply with §164.502(b) and this section, a covered entity must meet the requirements of paragraphs (d)(2) through (d)(5) of this section with respect to a request for, or the use and disclosure of, protected health information.
> (2) *Implementation specifications: Minimum necessary uses of protected health information.* (i) A covered entity must identify:
> (A) Those persons or classes of persons, as appropriate, in its workforce who need access to protected health information to carry out their duties; and
> (B) For each such person or class of persons, the category or categories of protected health information to which access is needed and any conditions appropriate to such access.
> (ii) A covered entity must make reasonable efforts to limit the access of such persons or classes identified in paragraph (d)(2)(i)(A) of this section to protected health information consistent with paragraph (d)(2)(i)(B) of this section.

45 C.F.R. §164.514 (excerpted). In addition to limiting intentional access to PHI to those having a need to access the particular type of PHI, the employer must also take steps to prevent inadvertent disclosure:

> (c)(1) *Standard: Safeguards.* A covered entity must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.
> (2)(i) *Implementation specification: Safeguards.* A covered entity must reasonably safeguard protected health information from any intentional or *unintentional* use or disclosure that is in violation of the standards, implementation specifications or other requirements of this subpart.
> (ii) *A covered entity must reasonably safeguard protected health information to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure.*

45 C.F.R. §164.530 (excerpted, emphasis added). This standard requires employers to adopt policies and procedures designed to protect against accidental, incidental or overly broad disclosures of PHI they otherwise properly use in their operations. The employer is correct that the claimant's conduct on February 12, 2014, implicated the mandates of the Privacy Rule, because the employer is required to adopt procedures to limit inadvertent disclosures of PHI such as occurred in this case. However,

because the claimant's conduct was not a direct, intentional violation of the Privacy Rule, the issue of whether or not the claimant's actions were misconduct depends initially upon whether the claimant violated the employer's HIPAA policies or practices intended to prevent the situation that occurred in this case.

The employer did not submit any detailed policy provisions for the hearing in this case. During the first hearing, the employer attempted to read from policy documents that were not submitted into evidence, but the referee, as she was permitted in her discretion, did not allow the employer to do so. However, the employer may have concluded that it was not permitted to submit additional documents for the second hearing date after the hearing was continued. If the employer has more specific policies relating to how the claimant should perform her duties in a customer contact position to avoid inadvertent disclosure, or policies relating to preventing inadvertent disclosure in general, beyond those reflected on the forms the claimant signed at her hire, the employer should submit and serve the policy documents for the remand hearing, as well as any documents demonstrating the claimant's receipt of those policies.

In addition to any relevant policies, on remand the referee should develop evidence from the parties regarding the training or coaching the claimant received specific to the issue of preventing inadvertent disclosure. This includes inquiry into any other instances of prior, similar behavior by the claimant and any counseling or training resulting from them. Whether or not the claimant was actually overheard by a patient in those instances, or whether a privacy breach actually occurred, is not the crucial issue. The crucial issue is whether the claimant had engaged in similar conduct previously, and had been placed on notice by the employer that such conduct was not acceptable under the employer's HIPAA policies or practices.

To establish a violation under subparagraph (a) of the definition of misconduct, the employer must prove two separate requirements. The employer must prove that the claimant engaged in conduct (1) demonstrating a conscious disregard of an employer's interests *and* (2) found to be a deliberate violation or disregard of the reasonable standards of behavior which the employer expects of his or her employee. The amended definition of misconduct contained in subparagraph (a) above covers more conduct than the predecessor definition of misconduct, as it replaces the prior high standard of "willful and wanton disregard" with a significantly lower "conscious disregard" standard. However, analysis under the amended subparagraph (a) still involves consideration of the totality of the circumstances. Here the findings of fact lack sufficient detail to enable the Commission to determine whether the claimant's actions constitute misconduct under subparagraph (a).

To determine a violation under subparagraph (e), the employer must present evidence of the rule/policy that was purportedly violated, as well as evidence that the rule/policy was, in fact, violated by the claimant. The claimant would then have the burden of showing that he/she did not know, and could not reasonably know, of the rule's requirements; the rule is not lawful or not reasonably related to the job environment and performance; or the rule is not fairly or consistently enforced. If on remand the employer establishes its policy mandated the actions taken against the claimant, the burden then shifts to the claimant to prove one of the three affirmative defenses set forth in subparagraph (e)1.a-c. If the claimant presents competent, substantial evidence to establish any of the affirmative defenses, the burden then shifts to the employer to present rebuttal evidence. No requirement of intentional action exists under subparagraph (e). As a result, the employer is not required to prove the claimant intentionally violated a rule, nor is it an absolute defense that the claimant did not intentionally violate the rule. Whether the violation was intentional or not is a factor to be considered in determining whether the rule was fairly enforced. However, if the claimant was previously directed to refrain from shouting or yelling confidential information regarding patient payment to prevent such accidental disclosures, then the claimant's action in violating that instruction is not accidental, even if the disclosure was. Also important is whether the claimant was given notice, either in the policy document or in any coaching or training, that violation of the policy would subject her to discipline.[1] Here, the record and findings of fact lack sufficient detail for the Commission to determine whether the claimant's actions constitute misconduct under subparagraph (e).

In order to address the foregoing issues, the referee's decision is vacated and the matter remanded for a supplemental hearing. The parties are advised that any items a party wishes to be considered, including items previously submitted to the Department of Economic Opportunity, must be sent to the referee as well as the opposing party and received 24 hours in advance of the supplemental hearing, in accordance with the provisions of Florida Administrative Code Rule 73B-20.014(3). The employer is advised to provide a copy of any written policies to the referee and claimant for use at the supplemental hearing as directed on the notice of hearing. The referee is directed to include all issues to be addressed on the notice of hearing, develop the record as outlined above, and render a new decision that includes a credibility determination.

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[1] The Privacy Rule requires employers to apply "sanctions" against employees that fail to comply with the employer's HIPAA policies and practices. *See* 45 C.F.R. §164.530(e)(1).

The decision of the appeals referee is vacated and the case is remanded for further proceedings.

It is so ordered.

REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

Frank E. Brown, Chairman
Thomas D. Epsky, Member
Joseph D. Finnegan, Member

This is to certify that on
6/1/2015 ,
the above Order was filed in the office of the Clerk of the Reemployment Assistance Appeals Commission, and a copy mailed to the last known address of each interested party.
By: Ebony Porter
Deputy Clerk

DEPARTMENT OF ECONOMIC OPPORTUNITY
REEMPLOYMENT ASSISTANCE PROGRAM
PO BOX 5250
TALLAHASSEE, FL 32314 5250

*34672853 *

Docket No.0022 5859 22-02 Jurisdiction: §443.151(4)(a)&(b) Florida Statutes

CLAIMANT/Appellee ***EMPLOYER/Appellant***

APPEARANCES Claimant

DECISION OF APPEALS REFEREE

Important appeal rights are explained at the end of this decision.

Derechos de apelación importantes son explicados al final de esta decisión.

Yo eksplike kèk dwa dapèl enpòtan lan fen desizyon sa a.

TIMELINESS: Whether an appeal, request for reconsideration, or request to reopen an appeal was filed within twenty days after mailing of the determination or decision to the adversely affected party's address of record or, in the absence of mailing, within twenty days after delivery, pursuant to Sections 443.151(3); 443.151(4)(b)1., Florida Statutes; Rules 73B-10.022(1); 10.022(5); 10.023(1); 11.017(2); 20.002-007, Florida Administrative Code.

Issues Involved: SEPARATION: Whether the claimant was discharged for misconduct connected with work or voluntarily left work without good cause as defined in the statute, pursuant to Sections 443.101(1), (9), (10), (11), (13); 443.036(29), Florida Statutes; Rule 73B-11.020, Florida Administrative Code.

Jurisdictional Issue: On May 19, 2014, the department determined that the claimant should be qualified for benefits. The appeal due date was June 9, 2014. The employer's TPA received the determination on May 23, 2014, and the apeal was submitted on May 23, 2014. The TPA aslo faxed the appeal on June 9, 2014.

The law provides that a determination is final unless an adversely affected party files an appeal or request for reconsideration within twenty days after the mailing date of the determination notice to the party's last known address or, in lieu of mailing, within twenty days after delivery of the notice.

The employer provided firsthand testimony to show that the appeal was filed timely; therefore, the appeal is timely.

Findings of Fact: The claimant began her employment on May 24, 2004. At the time of separation, the claimant's title was financial specialist. At the time of hire, the claimant was made aware of the employer's policies and procedures to include HIPPA. The HIPPA policy included confidentiality of patients' financial information. The claimant was made aware of the HIPPA policy. The claimant was aware that violation of the policy would lead to immediate discharge. On February 12, 2014, the claimant was assisting a patient. The claimant realized that the patient was unable to pay his bill. The claimant shouted to her coworker on what to do since the patient was unable to pay the bill. Another patient was present and heard the question. The other patient told the coworker that they decided that the claimant's actions were a violation of HIPPA. The coworker informed the claimant that she was not sure what needed to be done. The claimant then went to the director to seek assistance on what to do about the patient who could not pay the bill. The patient who heard the claimant's question made a complaint to the employer about the claimant's behavior. On February 12, 2014, the claimant was discharged for violating HIPPA policy.

Conclusions of Law: As of May 17, 2013, the Reemployment Assistance Law of Florida defines misconduct connected with work as, but is not limited to, the following, which may not be construed in pari materia with each other:

a. Conduct demonstrating conscious disregard of an employer's interests and found to be a deliberate violation or disregard of the reasonable standards of behavior which the employer expects of his or her employee. Such conduct may include, but is not limited to, wilful damage to an employer's property that results in damage of more than $50; theft of employer property or property of a customer or invitee of the employer.
b. Carelessness or negligence to a degree or recurrence that manifests culpability, or wrongful intent, or shows an intentional and substantial disregard of the employer's interest or of the employee's duties and obligations to his or her employer.
c. Chronic absenteeism or tardiness in deliberate violation of a known policy of the employer or one or more unapproved absences following a written reprimand or warning relating to more than one unapproved absence.
d. A willful and deliberate violation of a standard or regulation of this state by an employee of an employer licensed or certified by this state, which violation would cause the employer to be sanctioned or have its license or certification suspended by this state.
e. .
    1. A violation of an employer's rule, unless the claimant can demonstrate that:
    a. He or she did not know, and could not reasonably know, of the rule's requirements;
    b. The rule is not lawful or not reasonably related to the job environment and performance; or
    c. The rule is not fairly or consistently enforced.
    1. Such conduct may include, but is not limited to, committing criminal assault or battery on another employee, or on a customer or invitee of the employer; or committing abuse or neglect of a patient, resident, disabled person, elderly person, or child in her or his professional care.

The record shows that the employer is the moving party in this separation. When an employer establishes prima facie evidence of misconduct, the burden shifts to the employee to come forward with proof of the propriety of that conduct. Alterman Transport Lines, Inc. v. Unemployment Appeals Commission, 410 So.2d 568 (Fla. 1st DCA 1982). The burden of proof in an employee discharge matter is initially upon the employer to prove misconduct. See Donnell v. University Community Hosp., 705 So. 2d 1031 (Fla. 2d DCA 1998). When the employer meets that initial burden, the employee is required to demonstrate the propriety of his/her actions. See Sheriff of Monroe County v. Unemployment Appeals Comm'n, 490 So. 2d 961 (Fla. 3d DCA 1986). The employer provided firsthand testimony regarding the incident. The claimant testified that she was aware of the HIPPA policy, and she received training on HIPPA violation. The claimant testified that she did shout out the question; however, she did not believe a discussion about the claimant's financial information was covered under HIPPA. Since the claimant had 10 years work experience with the employer, and the fact that she received and was aware of the employer's policy regarding HIPPA, then she should have had a reasonable knowledge that her actions were a violation of HIPPA. The claimant has failed to show that her actions were proper. The claimant was discharged for misconduct as defined by subsections A, D, and E. Accordingly, she should not be qualified for benefits.

The hearing officer was presented with conflicting testimony regarding whether the claimant was or was not aware that patients' financial information was covered under HIPPA policy, and whether patients' fianancial information is or is not covered under HIPPA policy. In Order Number 2003 10946 (December 9, 2003), the Commission set forth factors to be considered in resolving credibility questions. These factors include the witness' opportunity and capacity to observe the event or act in question; any prior inconsistent statement by the witness; witness bias or lack of bias; the contradiction of the witness' version of events by other evidence or its consistency with other evidence; the inherent improbability of the witness' version of events; and the witness' demeanor. Upon considering these factors, the hearing officer finds the testimony of the employer to be more credible. Therefore, material conflicts in the evidence are resolved in favor of the employer.

Decision: The determination dated May 19, 2014, is REVERSED. The claimant is not qualified for benefits from February 16, 2014, the following five weeks, and until she earns $4675.

If this decision disqualifies and/or holds the claimant ineligible for benefits already received, the claimant will be required to repay those benefits. The specific amount of any overpayment will be calculated by the department and set forth in a separate overpayment determination, unless specified in this decision. However, the time to request review of this decision is as shown above and is not stopped, delayed or extended by any other determination, decision or order.

This is to certify that a copy of the above decision was distributed/mailed to the last known address of each interested party on November 10, 2014.

NIKI MARTIN
Appeals Referee

Sherene M. Price

By:

SHERENE PRICE, Deputy Clerk

IMPORTANT - APPEAL RIGHTS: This decision will become final unless a written request for review or reopening is filed within 20 calendar days after the distribution/mailed date shown. If the 20th day is a Saturday, Sunday or holiday defined in F.A.C. 73B-21.004, filing may be made on the next day that is not a Saturday, Sunday or holiday. If this decision disqualifies and/or holds the claimant ineligible for benefits already received, the claimant will be required to repay those benefits. The specific amount of any overpayment will be calculated by the Department and set forth in a separate overpayment determination. However, the time to request review of this decision is as shown above and is not stopped, delayed or extended by any other determination, decision or order.

A party who did not attend the hearing for good cause may request reopening, including the reason for not attending, at connect.myflorida.com or by writing to the address at the top of this decision. The date of the confirmation page will be the filing date of a request for reopening on the Department's Web Site.

A party who attended the hearing and received an adverse decision may file a request for review to the Reemployment Assistance Appeals Commission, Suite 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151; (Fax: 850-488-2123); **https://raaciap.floridajobs.org.** If mailed, the postmark date will be the filing date. If faxed, hand-delivered, delivered by courier service other than the United States Postal Service, or submitted via the Internet, the date of receipt will be the filing date. To avoid delay, include the docket number and claimant's social security number. A party requesting review should specify any and all allegations of error with respect to the referee's decision, and provide factual and/or legal support for these challenges. Allegations of error not specifically set forth in the request for review may be considered waived.

IMPORTANTE - DERECHOS DE APELACIÓN: Esta decisión pasará a ser final a menos que una solicitud por escrito para revisión o reapertura se registre dentro de 20 días de calendario después de la distribución/fecha de envìo marcada en que la decisión fue remitida por correo. Si el vigésimo (20) día es un sábado, un domingo o un feriado definidos en F.A.C. 73B-21.004, el registro de la solicitud se puede realizar en el día siguiente que no sea un sábado, un domingo o un feriado. Si esta decisión descalifica y/o declara al reclamante como inelegible para recibir beneficios que ya fueron recibidos por el reclamante, se le requerirá al reclamante rembolsar esos beneficios. La cantidad específica de cualquier sobrepago [pago excesivo de beneficios] será calculada por la Agencia y establecida en una determinación de pago excesivo de beneficios que será emitida por separado. Sin embargo, el límite de tiempo para solicitar la revisión de esta decisión es como se establece anteriormente y dicho límite no es detenido, demorado o extendido por ninguna otra determinación, decisión u orden.

Una parte que no asistió a la audiencia por una buena causa puede solicitar una reapertura, incluyendo la razón por no haber comparecido en la audiencia, en connect.myflorida.com o escribiendo a la dirección en la parte superior de esta decisión. La fecha de la página de confirmación será la fecha de presentación de una solicitud de reapertura en la página de Internet del Departamento.

Una parte que asistió a la audiencia y recibió una decisión adversa puede registrar una solicitud de revisión con la Comisión de Apelaciones de Servicios de Reempleo; Reemployment Assistance Appeals Commission, Suite 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151; (Fax: 850-488-2123); **https://raaciap.floridajobs.org.** Si la solicitud es enviada por correo, la fecha del sello de la oficina de correos será la fecha de registro de la solicitud. Si es enviada por telefax, entregada a mano, entregada por servicio de mensajería, con la excepción del Servicio Postal de Estados Unidos, o realizada vía el Internet, la fecha en la que se recibe la solicitud será la fecha de registro. Para evitar demora, incluya el número de expediente [*docket number*] y el número de seguro social del reclamante. Una parte que solicita una revisión debe especificar cualquiera y todos los alegatos de error con respecto a la decisión del árbitro, y proporcionar fundamentos reales y/o legales para substanciar éstos desafíos. Los alegatos de error que no se establezcan con especificidad en la solicitud de revisión pueden considerarse como renunciados.

ENPÒTAN - DWA DAPÈL: Desizyon sa a ap definitif sòf si ou depoze yon apèl nan yon delè 20 jou apre dat distribisyon/postaj. Si 20yèm jou a se yon samdi, yon dimanch oswa yon jou konje, jan sa defini lan F.A.C. 73B-21.004, depo an kapab fèt jou aprè a, si se pa yon samdi, yon dimanch oswa yon jou konje. Si desizyon an diskalifye epi/oswa deklare moun k ap fè demann lan pa kalifye pou alokasyon li resevwa deja, moun k ap fè demann lan ap gen pou li remèt lajan li te resevwa a. Se Ajans lan k ap kalkile montan nenpòt ki peman anplis epi y ap detèmine sa lan yon desizyon separe. Sepandan, delè pou mande revizyon desizyon sa a se delè yo bay anwo a; Okenn lòt detèminasyon, desizyon oswa lòd pa ka rete, retade oubyen pwolonje dat sa a.

Yon pati ki te gen yon rezon valab pou li pat asiste seyans lan gen dwa mande pou yo ouvri ka a ankò; fòk yo bay rezon yo pat ka vini an epi fè demann nan sou sitwèb sa a, connect.myflorida.com oswa alekri nan adrès ki mansyone okomansman desizyon sa a. Dat cofimasyon page sa pral jou ou ranpli deman pou reouvewti dan web sit depatman.

Yon pati ki te asiste odyans la epi li resevwa yon desizyon negatif kapab soumèt yon demann pou revizyon retounen travay Asistans Komisyon Apèl la, Suite 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151; (Faks: 850-488-2123); https://raaciap.floridajobs.org. Si poste a, dat tenm ap dat li ranpli aplikasyon. Si fakse, men yo-a delivre, lage pa sèvis mesaje lòt pase Etazini Sèvis nan Etazini Nimewo, oswa soumèt sou Entènèt la, dat yo te resevwa ap dat li ranpli aplikasyon. Pou evite reta, mete nimewo rejis la ak nimewo sosyal demandè a sekirite. Yon pati pou mande revizyon ta dwe presize nenpòt ak tout akizasyon nan erè ki gen rapò ak desizyon abit la, yo epi bay sipò reyèl ak / oswa legal pou defi sa yo. Alegasyon sou erè pa espesyalman tabli nan demann nan pou revizyon yo kapab konsidere yo egzante.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.